

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34871

File No. 9048
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____

Registration District No. 791

Township _____

Primary Registration District No. 008

City _____

(No. _____)

2. FULL NAME

(a) Residence, No. 3976 A EvansSt. 11

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs.

mos. _____

ds. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 11, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4788

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Eleo Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

FATHER

13. NAME

Henry J. Trimmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

MOTHER

15. MAIDEN NAME

Eliz. Trimmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

17. INFORMANT (ADDRESS)

Gaspar M. Trimmer

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Oct 21, 1933

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly & Co

20. FILED

201933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from

10-18, 1933, to 10-19, 1933I last saw him alive on 10-19, 1933 Death is saidto have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Disseminated Pulmonary Tuberculosis
23A
75

Other contributory causes of importance:

Tubercular Peritonitis
8

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. J. H. Trimmer M. D.(Address) City, Mo

